To: Stacy Thompson Page 5 of 21

2008-07-23 20:29:35 (GMT)

From: Julia B Towson

07/23/2008 00:47 FAX 2024429430

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Ø 004/020

PRINTED: 07/23/2006

DEPART	MENT OF HEALTH	I AND HUMAN SERVICES				APPROVED	
CENTER	S FOR MEDICARE	& MEDICAID SERVICES	<u>.</u>	<u> </u>		0938-0391	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) M(A. BUIL	ULTIPLE CONSTRUCTION LOING	COMPLE	(X3) DATE SURVEY COMPLETED	
		09G154	B. WIN	IG	t t	C 7/2008	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO			
MARJUL	HOMES			6534 Eastern avenue, NW (Washington, DC 20012			
(N4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE	(XE) CDMPLETION DATE	
W 0,00	INITIAL COMMENT	rs.	. w o	000	-		
	received a compliand persistent patter detailed below. 1. Family members unusual incidents a investigations (substantiated); 2. There has been new staff have not (substantiated); 3. The group home improvement (not substantiated).	large turnover of staff; and the been adequately trained		GOVERNMENT OF THE DEPARTMENT O	NI OF REALIR	TION	
	5. The facility conti	nued to cut the client's hair asked not to cut it (partially					
	6. The facility did n medical appointme (substantiated);	ot informed family members of nts and outcomes					
	the use of medication the risk and benefit	s have not signed consents for ons or have been informed of of the client's behavior and medications (not					
	8. Family members the client's finances	s have not been informed of (substantiated);					
		have concerns about the					
CBOLDE108)	, DIMECLOUS OF SHOVIC	DERISUPPLIER REPRESENTATIVE'S SIGN	ATURE .	THILE		(X4) DATE	

Any deficiency statement ending with an asterism (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the short findings and plans of correction are disclosable 14 days following the date these succentains are made evenues to the raciny. If deficiences are cled, an approved plan of correction is requisite to continued program participation.

To: Stacy Thompson

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2008-07-23 20:29:35 (GMT)

From: Julia B Towson

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PRINTED: 07/23/2008
DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED
CENTERS FOR MEDICARS & ME

CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 05/07/200B 09G154 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6634 EASTERN AVENUE, NW MARJUL HOMES WASHINGTON, DC 20012 PROVIDER'S PLAN OF CORRECTION ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (X6) COMPLETION (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE-CHOSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (BACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG W 000 W 000 Continued From page 1 client's dental health (substantialed); 10. The client wore other people's clothes, which were too large (not substantiated); and 11. There has been no communication with the facility's management (not substantiated). W 140 7/1/08 W 140 | 483.420(b)(1)(i) CLIENT FINANCES W 140 The facility must establish and maintain a system The facility has restructured its that assures a full and complete accounting of accounting system of client funds clients' personal funds entrusted to the facility on to ensure that all client funds and behalf of clients. expenditure receipts are accounted for. Additionally, the facility will This STANDARD is not met as evidenced by: Based on staff interview and record review, the incorporate the new method of facility failed to provide receipts for withdrawals accounting of all clients at facility from the clients personal funds account for Client including client's # 1 and client's #2. #2; to include weekly requests forms which will require the The finding includes: QMRP and Program Director's signature. In addition to this new Review of Client #1's bank statements from July 2007 through April 2008 was conducted on May method, all receipts shall be turned 7, 2008. The review revealed several in within five days of request by withdrawals that totaled \$594.51. Although an QMRP to Program director. interview with the Qualified Mental Retardation Monthly audits will be conducted Professional (QMRP) at approximately 11:00 AM by Program director on facility. indicated that the was money withdrawn for either clothing or vacation, there were no receipts or evidence of the expenditures. W 148 W 148 4B3.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse,

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2008-07-23 20:29:35 (GMT)

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07/23/2008 00:47 FAX 2024429430

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STATEMENT DE PROFICIENCES IXT PROVIDED SERVICES IXT PROVIDED SERVICES IXT PROVIDED SUPPLIER BY PROVIDED SERVICES IXT PROVIDE SERVICES IXT SERVICES IXT PROVIDE SERVICES IXT PROVIDE SERVICES IXT PROVIDE SERVICES IXT PROVIDE SERVICES IXT SEAT ADDRESS, CITY, STATE, IPP CODE IXT SEX LEASTERN AVENUE, NW WASHINGTON, DC 20012 IXT SEXT ADDRESS, CITY, STATE, IPP CODE IXT SEXT ADDRESS, CITY, STATE, IP			AND HUMAN SERVICES		FORM	APPROVED . 0938-0391	
NAME OF PROVIDER OR SUPPLIER MARJUL HOMES STREET ADDRESS, CITY, STATE, 2IP CODE 6814 EASTERN AVENUE, NW WASHINGTON, DC 20012 PREFIX FIRST ISACH DERICENCY WIST TO PERICEDIES OF Unauthorized absence. W 148 Continued From page 2 of unauthorized absence. W 149 This STANDARD is not met as evidenced by, Based on interview and record review, the facility falled to notify family members of significant; incidents for how of the four clients residing in the facility. (Clients #1 and #3) The findings include: 1. Review of the facility's unusual incident reports and investigative reports on May 5, 2008 at approximately 5,10 AM, revealed that the facility falled to notify family members immediately of the following significant incidents. a. On January 29, 2008, Client #1 informed the residential staff that her cay program staff hit her on the upper arm. b. On lanuary 12, 2008, Client #1 was allegedly locked in her closet by direct care staff. c. On December 17, 2007. Client #3 informed her residential staff that she was langipropriately couched by another client at her day program. 2. The facility failed to inform family members of medical appointments and the outcomes. Interview with the QMRP on May 6, 2008 indicated that Client #1's medical appointments are current with the exception of the dental. The QMRP further indicated that the family members has not inquired about the client's medical health. Their was no evidence that the family members has not inquired about the client's medical health. Their was no evidence that the facility notified	STATEMENT	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	15.7		(X3) DATE SURVEY	
MARJUL HOMES SUMMAY STATEMENT OF DEPICIENCIES (12A) TAGE CONTENT OF DEPICIENCIES (12A) DEPOCENCY MOST BE PRECEDED BY FULL TAG (12A) DEPOCENCY OF ISC DEMPTHING INFORMATION) W 148 Continued From page 2 or unauthorized absence. This STANDARD is not met as evidenced by Based on interview and record review, the facility falled to notify family members of significant incidents for two of the four clients residing in the facility. (Cliente #1 and #3) The findings include: 1. Review of the facility's unusual incident reports and investigative reports on May 5, 2008 at approximately 5:10 AM, revealed that the facility tailed to notify family members immediately of the following significant incidents: a. On January 29, 2008, Client #1 informed the residential slaff that her day program. b. On January 12, 2008, Client #1 informed the residential slaff that her day program. c. The Facility failed to inform family members of medical appointments and the outcome was unsubstantiated. c. This allegation was investigated on 1/17/08 and the outcome was unsubstantiated. c. This allegation was investigated on 1/9/08 and the outcome was unsubstantiated. The QMRP will also notify family members of medical appointments are current with the exception of the dental. The QMRP further indicated that the family member has not inquired about the client's medical health. There was no evidence that the facility political than the facility political than the facility political than the facility of members of medical appointments and the outcome was unsubstantiated.	. :	,	09G154	B. WING		•	_
### IEACH DERICHMOND IN ISC DENTIFYING INFORMATION) W 148 Continued From page 2 or unsuthorized absence. This STANDARD is not met as evidenced by. Based on interview and record review, the facility failed to notify family members of significant incidents for two of the four clients residing in the facility. (Clients #1 and #3) The findings include: 1. Review of the facility's unusual incident reports and investigative reports on May 6, 2008 at approximately 5:10 AM, revaled that the facility failed to notify family members of his program. 2. On January 29, 2008, Client #1 informed the residential staff that she was inappropriately louched by another client's and inportant incidents. 2. The facility failed to inform family members of medical appointments and the outcomes. Interview with the OMIRP on May 6, 2008 indicated that Client #1's medical appointments are current with the excaption of the dental. The QMRP further indicated that the facility in the control of the dental in the control of the dental in the control of the control				6 1	114 EASTERN AVENUE, NW	E	
This STANDARD is not met as evidenced by. Based on interview and record review, the facility failed to notify family members of significant incidents for two of the four clients residing in the facility. (Clients #1 and #3) The findings include: 1. Review of the facility's unusual incident reports and investigative reports on May 5, 2008 at approximately 5.10 AM, revealed that the facility failed to notify family members immediately of the following significant incidents: a. On January 29, 2008, Client #1 informed the residential slaff that her clay program staff hit her on the upper arm. b. On January 12, 2008, Client #1 was allegedly locked in her closet by direct care staff. c. On December 17, 2007, Client #3 informed her residential staff that she was inappropriately louched by another client at her day program. 2. The facility lailed to inform family members of medical appointments are current with the exception of the dental. The QMRP further indicated that the family member has not inquired about the client's medical health. There was no evidence that the facility notified.	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETION
W 189 483.430(e)(1) STAFF TRAINING PROGRAM W 189		This STANDARD Based on interview failed to notify fami incidents for two of facility. (Clients #1 The findings includ I. Review of the fand investigative reapproximately 5:10 failed to notify fami following significant. a. On January 29, residential slaff that on the upper arm. b. On January 12, locked in her close c. On December 1 residential staff that ouched by another indicated that Client are current with the indicated that Client are the indicated in the indicated in the indicated in the indicated that Client are current with the indicated that There was no evid Client #1's family of the indicated in the indicated in the indicated in inquired a inquired	is not met as evidenced by: and record review, the facility by members of significant the four clients residing in the and #3) e: acility's unusual incident reports eports on May 5, 2008 at AM, revealed that the facility by members immediately of the t incidents: 2008, Client #1 informed the at her day program staff hit her 2008, Client #1 was allegedly t by direct care staff. 7, 2007, Client #3 informed her at she was inappropriately r client at her day program. d to inform family members of ents and the outcomes. 2MRP on May 5, 2008 at #1's medical appointments a exception of the dental. The cated that the family member coult the client's medical health, ence that the facility notified of her health status.		The QMRP has received intraining on notification on or behalf to parents, guardians significant incidents, client condition changes, serious illnesses, death abuse or unauthorized absence. Furthermore the incident management team shall commonthly reviews at this facinary incidents with QMRP. a. This allegation was investigated on 2/3 the outcome was unsubstantiated. b. This allegation was investigated on 1/1 and the outcome was investigated on 1/1 and the outcome was investigated on 1/9 the outcome was unsubstantiated. The QMRP will also notify members of medical appoin and the outcomes.	dient's of any duct lity on s 3/08 and s 7/08 vas s b/08 and	7/23/08

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2008-07-23 20:29:35 (GMT)

From: Julia B Towson

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	MENT OF HEALTH AND H			· .	PRINTED: (FORM A QMB NO. (PPROVED
		VIDER/SUPPLIER/CLIA ITIFICATION NUMBER	(X2) MULT	TPLE CONSTRUCTION NG	(X3) DATE SUR COMPLET	
		09G154	8. WING	<u> </u>	05/07/	2008
MARJUL	ROYDER OR SUPPLIER HÖMES	.**		REET ADDRESS, CITY, STATE, ZIP GODE 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	Summary Statement ((Each Deficiency Must be REBULATORY OR LSC IDENTI	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S P.AN OF CORREC (EACH CORRECTIVE ACTION SHO GROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(XS) COMPLETION DAYE
W 189	Continued From page 3		W 189			
	The facility must provide ea	g that enables the	ı	W 189		7/23/08
	employee to perform his or efficiently, and competently efficiently, and competently. This STANDARD is not me Based on observation, staff review, the facility failed to employee had been provide training that enables the emor her duties effectively, efficiently. The findings include: 1. Upon entry to the facility 5:00 PM, there were two ne Review of the personnel recovered effective training of #2's Individual Frogram Pla W249	her duties effectively. Interview and record ensure that each ed with adequate apployee to perform his cliently and on May 6, 2008 at ew staff on duty. cords May 7, 2008 rds to review. Interview and		Each staff at this facility was provided in-service training of clients' IPP goals to include a #2's IPP goals and implementation. 1. Two new staff was in serviced on July 23 rd Additionally all new shall have a personne created by date of his per company requirements. 2. The facility retrained on effective training IPP goals and implementation of cl #2's IPP goals on Jul 2008.	1- 2008. staff el file re as staff of	
W 249	483.440(d)(1) PROGRAM (As soon as the interdisciplinal formulated a client's individuant client must receive a consisting formulated and requestions and services in and frequency to support the objectives identified in the implan.	nary team has ual program plan, continuous active ng of needed n sufficient number e achievement of the	W 249			

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2008-07-23 20:29:35 (GMT)

From: Julia B Towson

07/23/2008 00:48 FAX 2024428430 HRA

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PRINTED: 07/23/2008

		8 MEDICAID SERVICES			_	. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.	ULTIPLE CONSTRUCTION LDING	(X3) DATE SURVEY COMPLETED	
		09 G 154	B. WIN	NG		C 17/2008
MARJUL	ROVIDER OR SUPPLIER HOMES		-1	STREET ADDRESS, CITY, STATE, ZIP CI 6834 EASTERN AVENUE, NW WASHINGTON, DC 20012		
(X4) 10 PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUEL SCIDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE	(X5) COMPLETION DATE
W 249	Based on Interview failed to ensure the interdisciplinary terprogram plan, each active treatment is and frequency to so objectives identified Plan (IPP), for one facility. (Client #1 The findings included the facility failed the recreation program a. On May 7, 2001 Individual Support was reviewed: The gral with an object exercise for 15 minutes in the PM that elevates her the prompts for three Review of the May the program was incurrent month. In Mental Retardatio 7, 2008, she acknowled by On May 7, 200 Individual Support was reviewed. The Improve cognitive "(the client) will print of the client) will print of the client) will print of the client of th	is not met as evidenced by: and record review, the facility at as soon as the am formulated client's individual in client received continuous ervices, in sufficient number upport the achievement of the d in the Individual Program of the four clients in the les: c implement Client #1's in as evidenced below: 3, at 10:00 AM Client #1's Plan (ISP) dated April 18, 2006 is ISP reflected an exercise tive that "[the client] will inutes in the morning, and 15 by doing activity of her choice leart rata with two varbal consecutive months by 10/08". 2008 data sheat reflected that implemented once during the an interview with the Qualified in Professional (QMRP) on May owledged that the program ented three times per week. 8, at 10:00 AM Client #1's Plan (ISP) dated April 18, 2008 is ISP reflected a goal to skills with the objective that inther entire first name legibly stance for three consecutive	~~~~ 2	The Facility's QMRP verained on 7/23/08 on primplementation of all crindividual program to inclient# 1 IPP plans and treatment formulated by interdisciplinary team. a. QMRP was reclients' # 1 IPP goal which incomplective for one exercise for 15 both AM/PM to three consecution until 10/08. b. QMRP was reclient's #1 IPP improve cognitive with the object client #1 will prentire first name three consecution by 10/08. Additionally QMRP was also serviced on job description of equations of the duties by the administration to include client implementation BSP document	troper lients' include active / the strained Pexercise hides an lient # 1 to minutes at imes by ive months rained on goal to live skills ive that rint her he by for ve months tionally the o in- QMRP on 7/23/08 at programs in of goals,	7/23/08

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2008-07-23 20:29:35 (GMT)

From: Julia B Towson

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PRINTED: 07/23/2008

		AND HUMAN SERVICES		•	FORM	07/23/2008 APPROVED
		& MEDICAID SERVICES	 		OMB NO.	0938-0391
	OF DEFICIENCIES F CORRECTION	(XI) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	TED
		09G154	b. Wing	<u></u>	ŗ	C 7/2008
NAME OF P	ROYDER OR SUPPLIER HOMES		1 6	REET ADDRESS, CITY, STATE, ZIP CODE 1894 EASTERN AVENUE, NW 1000 NASHINGTON, DC 20012	· · · · · ·	
(X4) ID: PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULO BE	(XS) COMPLETION BATE
W 249	the program was in month, on May 7, 2	2008 data sheet reflected that splemented once during the 2008, the QMRP	W 249	direct care staff and all other QMRP duties as assigned, which include consistence of oversigh on all programs for all	í	
W 356	documented three (483.460(g)(2) COM TREATMENT The facility must on treatment services needed for relief of restoration of leeth,	the program should be times per week. PREHENSIVE DENTAL sure comprehensive dental that include dental care pain and infections, and maintenance of dental	W 356	clients.		
	Based on interview falled to ensure time the four clients include: The finding include: On May 6, 2008 at observed with brown of the dental record 2007 the client had dental consultant for prophylaxis, period fillings were recompleted until pay received.	7:10 PM, Client #1 was n stains on her teeth. Review s revealed that on June 12, a recall examination. The limit indicated that scaling, ontal evaluation and four mended, but could not be ment authorization was		W 356 Client# 1 had an appointme follow up in May of 2008 of following procedures, scaling prophylaxis, periodontal evaluation four fillings but she refuging the psychologimplement a desensitization 8/15/08.	n the ig, aluation ised.	8/15/08
W 368	client refused denta other attempts to of	nuary 22, 2008, however the il services. There was no blain dental service. G ADMINISTRATION	W 368			

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From: Julia B Towson

07/23/2008 00:48 FAX 2024429430

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		HAND HUMAN SERVICES			ŧ	FORM	: 07/23/2008 APPROVED : 0936-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		09G154	B. Wit	/G		05/0	C)7/2008
NAME OF P	ROVIDER DR SUPPL E R				EET ADDRESS, CITY, STATE, ZIP, CODE		
MARJUL	HOMES				194 Eastern Avenue, NW (Ashington, DC 20012		
(X4) ID PREFIX YAG	(EACH: DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF YAG	ix	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULO BE	COMPLETION DATE
W 368	Continued From pa	ige 6	W:	368			
,	The system for dru	g administration must assure dministered in compliance with				. "	
W 369	Based on observal review, the facility imedications with a one of the four cite. The finding include 2008 at 7:10 PM, (or the facility of the morning of Machient's maladaptiv medical records he of a physician order 483.460(k)(2) DRUThe system for druthat all drugs, incluself-administered, This STANDARD Based on observal record review, the medications without The finding include During the medical 2008 at 7:10 PM, (decided on the color of the c	tion administration on May 6, Client #1 was observed e 100 mg. Interview with the ndicated that the Thorazine added to her drug regime on y 6, 2003 to manage the e behaviors. Review of the owever, failed to show evidence or for Thorazina 100 mg. IG ADMINISTRATION ag administration must assure using those that are are administered without error. is not met as evidenced by: tions, staff interview, and facility failed to administered ut error.	W	369	W 368 Upon review by RN for facilithe administration client #1's physician order for Thorazin. 100mg was evident in the cliefile.	- :	

To: Stacy Thompson Page 12 of 21

2008-07-23 20:29:35 (GMT)

From: Julia B Towson

. 07/23/2008 00:48 FAX 2024428430

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DEPARTMENT OF HEALTH	AND HUMAN SERVICES
CENTERS FOR MEDICARE I	& MEDICAID SERVICES

PRINTED: 07/23/2006 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENT F CORRECTIO		(X1) PROVIDERSI IDENTIFICATI		(X2) M		PLE CONSTRUCTION	(X3) DATE SU COMPLE	TED .
			09	G154	B. WIN	JG	·		7/200 8
	ROVIDER OR S	UPPLIER :			STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS REFERENCED TO THE API DEFICIENCY)	OULD 6E	(X5) CONFLETION DATE		
W 369	received the manage he indicated to	n nurse i ne afore er malec hat Tho	ndicated that the mentioned medi laptive hehavior razine was initia	ications to '\$. The nurse ted on May 5,	W	369	W 369 Upon review by RN for the and the administration elient	facility	
	Review of evidence of mg. The r	the med of a physic ecords o order, by	st was disconline	ed to show Thorazine 100 lorazine 400 mg	,		physicians' order for Thoraz 100mg BID on 4/24/08; in a to the discontinuance of Tho 400mg on 2/21/08 present in client's record.	ine ddition razine	
				; ; ;			·	•	
		•		; ;,		,			
				· : :					

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STATE FORM

2008-07-23 20:29:35 (GMT)

From: Julia 8 Towson

07/23/2008 00:48 FAX 2024429430

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Ø 012/020

PRINTED: 07/23/2008 FORM APPROVED

Il continuation sheet 1 of 9

MARJUL HOMES STREST ADDRESS, CITY, STATE, ZIP CODE MARJUL HOMES STREST ADDRESS, CITY, STATE, ZIP CODE MARJUL HOMES STREST ADDRESS, CITY, STATE, ZIP CODE MARJUN HOMES PROVIDERS AND STATE, ZIP CODE MARJUN HOMES PROVIDERS PLAN OF CORRECTION BECCH CORRECTIVE ACTION SHOULD BE CROSS METERCITY OF CONTROL OF COMMENT TAG CROSS METERCITY OF THE DISTRICT OF COLUMBE IN DEPARTMENT OF THE DISTRICT ON THE DISTRICT OF COLUMBE IN DEPARTMENT O		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLVA IDENTIFICATION NUMBER		(X2) MULT A BUILDIN		(X3) DATE S COMPLI		
STREET ADDRESS, CITY, 3TATE, 29 CODE STREET ADDRESS, CITY, 3TATE, 29 CODE SUBMAN STATEMENT OF REPROCENCIES SHAWARD AND ADDRESS PLAN OF CORRECTION SUBMAN STATEMENT OF REPROCENCIES PROVIDER REGULATION OR LSC DENTIFYING INFORMATION) I DOD INITIAL COMMENTS I DOD ON April 25 and April 30, 2008, the State Agency received a compliant concerning Resident #1's cire, and persistent pattern of habilitation problems as detailed below. 1 Family members were not informed about utusual incidents and about the outcome of improvement; 4 The resident's programs have not been implemented and the clent appeared to always watch television. 5. The facility continued to cut the resident's hair after they had been asked not to cut it; 6. The facility did not informed family members of medications or have been informed of the fish and benefit of the resident's behavior management plan and medications; 8. Family members have concerns about the resident's derivative which were too large.			HFD03-0130		D. TVIITO			_
SUMMARY STAY SHENT OF DEFICIENCIES PRETIX REGULATORY OR LSC IDENTIFYING MEGRAATION PRETIX REGULATORY OR LSC IDENTIFYING MEGRAATION INITIAL COMMENTS I 000 INITIAL COMMENTS On April 25 and April 30, 2006, the State Agency received a compliant concerning Resident #1's care, and persistent pattern of habilitation problems as detailed below. The group homes appearance is in need of improvement; The resident's programs have not been improvement; The resident's programs have not been improvement; The resident's programs have not been improvement; The facility continued to cut the resident's hair after they had been asked not to cut it; The facility did not informed family members of medical appointments and outcomes; The family members have not signed consents for the use of medications or have been informed of the risk and benefit of the resident's character informed of the resident's finances; Family members have not been informed of the resident's have not been informed of the resident's finances; Family members have concerns about the resident's dental health; The resident's finances; Family members have concerns about the resident's dental health;	NAME OF P	ROMDER OR SUPPLIER		STREST AD	DRESS, CITY,	STATE, ZIP CODE		
PRETIX TAG I EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG I ODD INITIAL COMMENTS On April 25 and April 30, 2009, the State Agency received a compliant concerning Resident #1's care, and persistent pattern of habilitation problems as detailed below. 1. Family members were not informed about unusual incidents and about the outcome of investigations; 2. There has been large turnove: of staff; and the new staff have not been adequately trained; 4. The resident's programs have not been improvement; 5. The facility continued to cut the resident's hair after they had been asked not to cut it; 6. The facility did not informed family members of medical appointments and outcomas; 7. Family members have not signed consents for the use of medications of have been informed of the risk and benefit of the resident's behavior management plan and medications; 8. Family members have not been informed of the resident's flances; 9. Family members have concerns about the resident's dental health; 10. The resident wore other people's clothes, which were too large.	MARJUL	HOMES		6634 EAS WASHING	STERN AVE STON, DC 2	NUE, NW 10012		•
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To: Stacy Thompson Page 14 of 21

2008-07-23 20:29:35 (GMT)

From: Julia B Towson

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1						
	Continued From pa 11. There has bee facility's management facility in the facility fac	INFOORMECTION INFOOS-0130 ROUDER OR SUPPLIER HOMES. SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST SE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMATION OF LSC IDENTIFYING	ROVIDER OR SUPPLIER HFD03-0130 ROVIDER OR SUPPLIER STREET ADD 6824 EAST WASHING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 11. There has been no communication with the facility's management. 3504-15-HOUSEKEEPING Each GHMRP shall assure that each resident has at least seven (7) changes of clothing appropriate to his or her daily activities. This Statute is not met as evidenced by: Based on observation and interview, the facility failed to ensure that clients had clothing that was the appropriate size for one of the four residents included in the sample. (Resident #1) The finding includes: Observations on May 6, 2008 at 5:40 PM, Resident #1 was wearing a pair of jeans that were large at the waist. The bell was wrapped around her waist one and a half times, interview with the resident indicated, "I'm loosing weight." Interview with the QMRP on May 7, 2008 indicated her pants were slightly big due to the weight loss. Review of the medical record, she had lost len pounds over the past calendar year. On May 6, 2008 at approximately 1:00 PM, the client clothing supply was inspected. Although the inspection revealed that the client had clothes, the clothes were purchase prior to the client's weight loss. The QMRP stated that there were making plans to purchase new clothes for the summer. 3609.3 PERSONNEL POLICIES Each supervisor shall discuss the contents of job	ROYIDER OR SUPPLIER HOMES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SEPRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 1. 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Although the inspection revealed that the client had clothes, the clothes were purchase prior to the clients weight loss. The CMRP stated that there were making plans to purchase new clothes for the summer. 3509.3 PERSONNEL POLICIES 1203	RENTERATION NUMBER HEROSACISO RENDER OR SUPPLIER HOMES. SIMMARY STATEMENT OF GERICENCIES ESHAMARY STATEMENT OF GERICENCIES REQUATORY OR LISC IDENTIFYING INFORMATION) Continued From page 1 11. There has been no communication with the facility's management. 3504.15-HOUSEKEEPING Each GHMRP shall assure that each resident has at least seven (7) changes of clothing appropriate to livis or her daily activities. This Statute is not met as evidenced by: Based on observation and interview, the facility failed to ensure that clients had ciothing that was the appropriate size for one of the four residents included in the sample. 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Although this inspection revealed that the client had clothes, the clothes were purchase prior to the fine summer. 3609.3 PERSONNEL POLICIES 1203	DECORRECTION INDICATE CONTROL HFD03-0130 STREET ADDRESS, CITY, STATE, ZP CODE SEAST EASTERN AVENUE, MW WASHINGTON, DC 20012 ELECTHORICATION ON LSC IDENTIFYING INFORMATION) ELECTHORICATION ON LSC IDENTIFYING INFORMATION) FROUDER FOR BURNEY STATEMENT OF DEFICIENCIES ELECTHORICATION ON LSC IDENTIFYING INFORMATION) FROUDER FOR BURNEY STATEMENT OF DEFICIENCY ELECTHORICATION ON LSC IDENTIFYING INFORMATION) FROM THE CHARLES, CITY, STATE, ZP CODE SEAST EASTERN AVENUE, MW WASHINGTON, DC 20012 PROVIDENCE PLAN OF CORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE SEAST EASTERN AVENUE, MW WASHINGTON, DC 20012 PROVIDENCE PLAN OF CORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE SEAST EASTERN AVENUE, MW WASHINGTON, DC 20012 PROVIDENCE PLAN OF CORRECTION (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE COURTS FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP CODE (PACH DORRECTION FROM THE CHARLES, CITY, STATE, ZP COD

To: Stacy Thompson Page 15 of 21

2008-07-23 20:29:35 (GMT)

From: Julia & Towson

07/23/2008 00:48 FAX 2024429430

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	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM PIFD03-0130	IBER A	2) MÜLTIPI BUILDING WING	LE CONSTRUCTION		
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS	-			
MARJUL	HOMES		6634 EASTERS WASHINGTON	N AVENL I, DC 200	ル, NW け2 ;		
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	employment and at This Statute is not Based on record reprovide evidence the contents of job employee at the beand annually theres. The finding include: Review of the perse failed to provide evicare staff, and Qua		iled to cussed h hyment 2008 5 direct		The GHMRP has revisited policies on all employee jo descriptions. The administration has re-in serviced all manathis facility to ensure that esupervisor QMRP, HM etcreview the job description each new employee as well annually as per company put The personnel files for 7 or direct care staff and QMRI current job descriptions on	b ration gers at each will with l as olicy. f the 16 P all have	
1 206	annually thereafter,	ior to employment and shall provide a physic	cian's	06	1206		7/1/08
	certification that a hiperformed and that	nealth inventory has be the employee's heal her to perform the req	een Ith status		The administration has revi personnel policies and struc changes have been made to that each employee, prior to employment and annually	ctural ensure	77 1708
	Based on Interviews facility failed to achi	met as evidenced by: s and record review, the leve compliance with the ng to health (22 DCM)	he State		thereafter shall have a curre physician's certification of inventory of health status.		
	The finding include:	n 3509,6). s:			Staff #2, #4, #6, #9, #11, #3 #15, #16, and #18 and QMB the facility all have current certificates on file with HR	RP for health	
	of personnel record	y agency conducted a is on Way 7, 2008, at s evidence that ten direc	which i		department.		

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To: Stacy Thompson Page 16 of 21

2008-07-23 20:29:35 (GMT)

From: Julia B Towson

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	T DF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLII IDENTIFICATION NU HFD03-0130		A BUILDING	PLE CONSTRUCTION	(X3) DATE SU COMPLE C 05/07	TED	
NAME OF P	ROMDER OR SUPPLIER		STREET AD	DRESS. CITY, S	TATE, ZIP CODE			
MARJUL	. HOMES			STERN AVENUE, NW GTON, DC 20012				
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1208	staff (Staff #2, #4, ; #15, #16 and #18),	age 3 #6, #9, #10, #11 #12 and Quailfied Ment sional (QMRP) had	al	1206	:			
1 221	3510.2 STAFF TR	ALNING		1221			·	
•		shall be the respon shall be documente nnel folder.			1221 To CVD CD 1		7/23/08	
· ·	This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure that all staff received their initial orientation training.				The GHMRP has revisited i training policies and structur changes within the organiza ensure that all staff receives orientation training.	ral tion to		
	failed to provide or	es: connet files on May 7 tentation training for , #6, #9,#10 and #1	five direct	-	1224			
1 224	limited to, the following the following the first to, define the following the first terms of the first term	ram shall include, bi	uding, but ntal ions, and ny of care	1 224	The GHMRP has revisited its training policies and structure changes within the organizationsure that all staff receives it orientation training to include overview of mental retardation, associated health implications, frequently used medications,	al ion to initial e an on, s, and	7/23/08	
	This Statute is no 8ased on observa	t met as evidenced l tion, staff interview a P failed to ensure e de to each staff.	and record		history of care of individuals mental retardation and daily skills. Additionally all staff have b trained at this facility on 7/2:	with living een	-	

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To: Stacy Thompson Page 17 of 21

2008-07-23 20:29:35 (GMT)

From: Julia B Towson

07/23/2008 00:49 FAX 2024429430

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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IFICATION NUMBER:	A. BUILDING	COM	(X3) DATE SURVEY COMPLETED C			
AME OF PR	OVIDER OR SUPPLIER	STREET AG	STERN AVEN	DRESS, CITY, STATE, 2# CODE STERN AVENUE, NW STON, DC 20012				
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1224	Continued From page 4		1 224					
	The finding includes: Review of the training record revealed that the GHMRP fattalning in overview of mante	illed to provide						
1	3510.5(b) STAFF TRAINING Each training program shall limited to, the following:		1 225	1225	8/15/08			
:	(b) Human development the (birth to death); This Statute is not met as a Based on record review, the ensure effective training was staff.	widenced by: GHMRP failed to	·	On 7/1/08 the GHMRP has revisited its training policies and structural changes have been made to staff training to incorporate human development training to all staff at each facility by				
I 229	The finding includes: Review of the training recorrevealed that the GHMRP for training in Human Developm 3510.5(f) STAFF TRAINING Each training program shall imited to, the following: (f) Specialty areas related to the training to be served included to the training to be served included to behavior management, recreation, total communication to be statute is not met as	ailed to provide ment. I include, but not be the GHMRP and the ading, but not limited sexuality, nutrition, ations, and assistive	l 229	The GHMRP has revisited its staff training policies and structural changes within the organization to ensure that all staff at the facility receives initial orientation training on specialty areas to include behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies relevant to client	7/23/01			

Health Regulation Administration

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2008-07-23 20:29:35 (GMT)

From: Julia B Towson

07/23/2008 00:49 FAX 2024429430

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	CORRECTION (X1) PROVIDER/SUFPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0130		A, BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 05/07/2008				
N.	MAME OF PROVIDER OR SUPPLIER STREET ADD 6634 EAS				DRESS, CITY, STATE, ZIP CODE STERN AVENUE, NW STON, DC 20012				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			10 PRÉFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	(X5) COMPLETE DATE			
	Continued From pa documents, the Gi evidence to validat residents' need.	age 5 HMRP failed to provide staff training as ind	ie licated by	1 229		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	records on May 7, provide training or	review of the in service 2008, the GHMRP for nutrition, sexuality, a	iled to	·					
I 231	behavior management. 3510,5(h) STAFF TRAINING Each training program shall include, but not be limited to, the following: (h) Orientation programs for each new employee which shall include philosophy, organization, programs, practices and goals of the GHMRP as well as a review of applicable laws, regulations and agreements important to the operation of the GHMRP for the care and treatment of persons with mental retardation in the District of Columbia; and This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence on training or its policies. The finding includes: Review of the personnel files on May 7, 2008, the GHMRP failed to have on file, orientation for five all new direct care staff.			1 231	On 7/1/08 the GHMRP has revisited its training policie structural changes have bee to staff training to incorport employee trainings on philo organization, programs, pre and goals of the GHMRP, to f applicable laws, regulating agreements important to the operation of the GHMRP for care and treatment of personental retardation in the D Columbia on a consistent but The personnel files on all nedirect care staff at this facil contains completed oriental training on 7/23/08.	s and n made no made n	7/23/08		
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Health Regulation Administration

STATEFORM

To: Stacy Thompson Page 19 of 21

2008-07-23 20:29:35 (GMT)

From: Julia B Towson

07/23/2008 00:49 FAX 2024429430

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIED/CLIA IDENTIFICATION HUMBER: HFD03-0130			(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C D5/07/2008		
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	STREET ADD	RESS, CITY, 5	TATE, ZIP CODE		
MARJUL	HOMES			ERN AVENI ION, DC 20			
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l 271	Continued From pa	age 6		1 271	1271		
	administrative records control records descriptions either office and made at This Statute is not Based on interview GHMRP failed to personnel records The finding include Interview with the Professional (QMF personnel files on	ords for all staff include at the GHMRP or in valiable upon request the tas evidenced by and record review, to toolde evidence of a	ing job a central the il staffs ardation GHMRP's		The GHMRP has had structure changes to the organization on 7/1/08 to include consistent maintenance of administrative records availability upon requite Human Resources departs to an authorized agency inspectand to provide such informatic within timeframe of inspection the inspecting agency.	est at eent ction on	7/1/08
1.374	for the five direct care staff (Staff #4, #8, #9, #10, and #15). 1.374 3519.5 EMERGENCIES After medical services have been secured, each GHMRP shall promptly notify the resident's guardian, his or her next of kin if the resident has no guardian, or the representative of the sponsoring agency of the resident's status as soon as possible, followed by written notice and documentation no later than forty-eight (48) hours after the incident. This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP falled to provide evidence of the prompt notification of parents or guardians of significant incidents for two of the four residents in the sample. (Clients #1 and #3)		1374	The QMRP has received intraining on notification on c #1 and #3 and all remaining behalf to parents, family me guardians of any significant incidents, client condition cl serious illnesses, death abus unauthorized absence.	7/23/08		

Health Regulation Administration

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From: Julia B Towson

PRINTED: 07/23/2008 FORM APPROVED

	"EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIERICUA DE CORRECTION DENTIFICATION NUMBER:		1	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
				A BUILDING		C	
	NFD03-0130				05/07/2008		
NAME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
MARJUL	HOMES			TERN AVEN STON, DC 20			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE	
1 374	Continued From pa	age 7		1374			
:	Review of the facility's unusual incident reports and investigative reports on May 6, 2008 at approximately 5:10 AM, revealed evidence that				a. This allegation wa investigated on 2/3		
1422	the facility failed to notify family members immediately of the following significant incidents: a. On January 29, 2008. Client #1 informed the residential staff that her day program staff hit has on the upper error. b. On January 12, 2008, Client #1 was allegely locked in her closet by direct care staff. c. On December 17, 2007. Client #3 informed her residential staff that she was inappropriately touched by another client at her day program.			1 422	the outcome was unsubstantiated. b. This allegation was investigated on 1/1 and the outcome was investigated on 1/9 the outcome was unsubstantiated.	7/08 as	
	Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident 's Individual Habilitation Plan. This Statute Is not met as evidenced by: Based on Interview and record review, the GHMRP falled to ensure habilitation, training and assistance was provided to residents in accordance with their Individual Habilitation Plan (IMP), for one of the four residents in thefacility. (Resident #1) The findings include: The facility failed to implement Resident #1's recreation program as evidenced below: a. Review of Resident #1's Individual Support Plan (ISP) dated April 18, 2008, on May 7, 2008, at 10:00 AM revealed a exercise goal to improve lation Administration		1422	The QMRP was retrained or ensuring that habilitation, trained assistance were provide residents including resident accordance with an individual habilitation plan on 7/23/08.	aining d to #1 in al's		

To: Stacy:Thompson Page 21 of 21

Aug 06 2008 4:52PM

2008-07-23 20:29:35 (GMT)

From: Julia B Towson

07/23/2008 00:49 FAX 2024429430

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21020/020

PRINTED: 07/23/2008 FORM APPROVED

NAME OF PROVIDER OR SUPPLIER MARJUL HOMES STREET ADDRESS, CITY, STATE, ZP CODE 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG CHOSS-REFERENCED TO THE APPROPRIATE DATE 1422 Continued From page 8 1422 Deficiency Must be preceded by Full TAG 1422 Continued From page 8 1422	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
## SIMMANY STATEMENT OF DEFICIENCIES (MASHINGTON, DC 20012 SUMMANY STATEMENT OF DEFICIENCIES (PROPERTY PARTY REACH OFFICIENCY MUST BE PRECEDED BY PULL REACH OFFICIENCY OF THE APPROPRIATE DESCRIPTION		HFD03-0130			B WNG	····			
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1422 Continued From page 8 her recreational and leisure skills. The objective read "the resident) will exercise for 15 minutes in the PM by doing activity of her choice that elevates her heart rate with two verbal prompts for three consecutive months by 10/08". Review of the May 2008 data sheet reflected that the program was implemented once during the current month. In an interview with the Qualified Mental Retardation Professional (QMRP) on May 7, 200, she acknowledged that the program should be documented three times per week. b. Review of Resident #1's ISP dated April 18, 2008, on May 7, 2008, at 10:00 AM revealed an cognitive goal to improve her skills. The objective read, "the reakent) will print her entire first name legibly with gestural assistance for three consecutive months by 10/08". Review of the May 2008 data sheet reflected that the program was implemented once during the month. In an interview with the QMRP on May 7, 200, she acknowledged that the program should be documented three times per week.	MARJUL	HOMES							-
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		her recreational arread "(the resident the morning, and activity of her choice with two verbal promonths by 10/08". Review of the May the program was current month. In Mental Retardatio 7 200, she acknowned by Review of Res 2008, on May 7, 2 cognitive goal to irread, "(the resident legibly with gesture consecutive month. In an interprogram was month.	nd leisure skills. The it will exercise for 15 15 minutes in the PM ce that elevates her lompts for three constructions of the elevates her lompts for three constructions of the elevates her long an interview with the n Professional (QMR wiedged that the proented three times per lident #1's ISP dated 1008, at 10:00 AM remails assistance for three into by 10/08". The professional (QMR elevates her long her skills. The professional for three into by 10/08".	minutes in by doing heart rate ecutive ecutive ecutive ecutive ecutive ecutive ecutive ecutified the ecutified the ecutive experience experience experience experience ecutive			clients' # 1 IPP exercises objective for client # exercise for 15 minus both AM/PM times I three consecutive mountil 10/08. QMRP was retrained client's #1 IPP goal improve cognitive slimprove cognitive sli	cise an I to tes at by onths l on to cills at er for onths lly the 23/08 gram oals, by all as ude sight	7/23/08